

**TENNESSEE DEPARTMENT OF REVENUE
TAXPAYER AND VEHICLE SERVICES DIVISION
MOTOR CARRIER SECTION
1148 FOSTER AVENUE
NASHVILLE, TN 37210**

SINGLE STATE REGISTRATION SYSTEM FORM RS-2A CALCULATION OF FEES

REGISTRATION YEAR _____ **Original Application** _____ **Supplemental Application** _____
 Carrier Whose Principal Place of Business is New Jersey FMCSA MC Number: _____
 FEIN : _____
 Motor Carrier Name: _____ USDOT Number: _____
 Doing Business As: _____ Telephone Number: _____
 Mailing Address: _____ Fax Number: _____

 (City) State Zip

(A) Participating States	(B) Total Number Of Vehicles	(C) Per Vehicle Fee	(D) Fee Times Number of Vehicles (Column B x Column C)
ALABAMA		6.00	
ARKANSAS		5.00	
CALIFORNIA		0.00	
COLORADO		5.00	
CONNECTICUT		10.00	
GEORGIA		5.00	
IOWA		1.00	
IDAHO		2.00	
ILLINOIS		7.00	
INDIANA		0.00	
KANSAS		10.00	
KENTUCKY		10.00	
LOUISIANA		10.00	
MASSACHUSETTS		1.00	
MAINE		8.00	
MICHIGAN		0.00	
MINNESOTA		.45	
MISSOURI		0.00	
MISSISSIPPI		10.00	
MONTANA		5.00	
NORTH CAROLINA		1.00	
NORTH DAKOTA		10.00	
NEBRASKA		.50	
NEW HAMPSHIRE		10.00	
NEW MEXICO		10.00	
NEW YORK		10.00	
OHIO		5.00	
OKLAHOMA		7.00	
RHODE ISLAND		8.00	
SOUTH CAROLINA		5.00	
SOUTH DAKOTA		5.00	
TENNESSEE		8.00	
TEXAS		0.00	
UTAH		6.00	
VIRGINIA		10.00	
WASHINGTON		10.00	
WISCONSIN		5.00	
WEST VIRGINIA		3.00	

TOTAL OF ALL STATES FEES	Tax Code: 092	\$
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**Remit payment along with this application to the following address. Indicate FEIN on payment.
 Tennessee Department of Revenue, 500 Deaderick Street, Andrew Jackson State Office Building, Nashville, TN 37242.**

I, the undersigned, under penalty for false statement, certify that current copies of my FMCSA authority, the FMCSA Form No. BOC-3 and a copy of proof of public liability security are on file in the registration state and that I am authorized to execute and file this document on behalf of the applicant. If current information is not on file, updated information is attached.

Signature _____ Title: _____ Date: _____